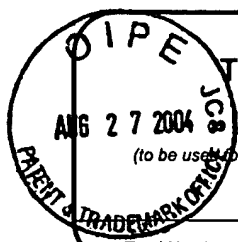


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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/713,750
Filing Date	November 13, 2003
First Named Inventor	Baker, Bret
Art Unit	3744
Examiner Name	Unassigned
Attorney Docket Number	007961-007610US

Total Number of Pages in This Submission 4

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
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Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP	Reg. No. 41,405
Signature	<i>Chun-Pok Leung</i>	
Date	August 24, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Joy Salvador
Signature	<i>Joy Salvador</i>
Date	August 24, 2004



PATENT
Attorney Docket No.: 007961-007610US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Bret Baker

Application No.: 10/713,750

Filed: November 13, 2003

For: REFRIGERATED PRODUCT
DISPENSER

Examiner: Unassigned

Art Unit: 3744

**INFORMATION DISCLOSURE
STATEMENT UNDER 37 CFR §1.97 and
§1.98**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

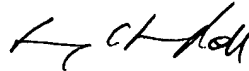
The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are not enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement.

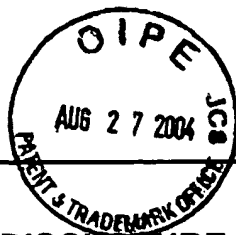
However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Chun-Pok Leung
Reg. No. 41,405

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
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Fax: 650-326-2422
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60292684 v1



Substitute for form 1449B/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet **1** of **1****Complete if Known**

Application Number	10/713,750
Filing Date	November 13, 2003
First Named Inventor	Baker, Bret
Art Unit	3744
Examiner Name	Unassigned
Attorney Docket Number	007961-007610US

U.S. PATENT DOCUMENTS+

Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
	AA	US-3,881,641	05-06-1975	Plimi, Jr. et al.	
	AB	US-4,513,885	04-30-1985	Hogan	
	AC	US-4,515,294	05-07-1985	Udall	
	AD	US-4,690,307	09-01-1987	Hogan	
	AE	US-4,895,276	01-23-1990	Maldonado	
	AF	US-4,911,331	03-27-1990	Sedam	
	AG	US-4,978,036	12-18-1990	Burd	
	AH	US-5,114,052	05-19-1992	Tiramani et al.	
	AI	US-5,255,822	10-26-1993	Mease et al.	
	AJ	US-5,435,463	07-25-1995	Hodgson	
	AK	US-5,465,877	11-14-1995	Bell et al.	
	AL	US-5,597,093	01-28-1997	Lee	
	AM	US-5,697,526	12-16-1997	Lee	
	AN	US-5,836,481	11-17-1998	Strohmeyer et al.	
	AO	US-6,068,162	05-30-2000	De Winter et al.	
	AP	US-			
	AQ	US-			
	AR	US-			
	AS	US-			
	AT	US-			

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
	AU							<input type="checkbox"/>
	AV							<input type="checkbox"/>
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	AY							<input type="checkbox"/>
	AZ							<input type="checkbox"/>
	BA							<input type="checkbox"/>
	BB							<input type="checkbox"/>

Examiner
SignatureDate
Considered

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.